## File with: lowa Ethics and Campaign Disclosure Board

510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

## **DISCLOSURE SUMMARY PAGE**

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

electronically.

Effective May 1, 2010, all statements and reports for State PACs and State FAIGH DISCLASURE DE Parties must be filed electronically.

Reset Form

Parties must be filed electron	onically.	Reset Form	
COMMITTEE NAME (Must be same as on Statement of	Organization)		72010 JAN 12 AM 9: 39 ST
	Organization,		FORM
IMPORTANT: Indicate by # type of committee you are reporting (1) Statewide/Legislative/Judge Standing for Retention Candidat (4) County Central Committee (5) County Candidate (6) City C Subdivision Candidate (8) County PAC (9) City PAC (10) Sci 11) Local Ballot Issue	te (2 )State PAC(3 )State Par Candidate (7 )School Board or	Other Political	Comm. #
CANDIDATE COMMITTEES ONLY: Candidate Name Dan Rice	-		Logged In Scanned Computer
Office Sought COUNCIL	District (if Senate		Audited
ate reports are subject to possible civil and criminal penalties candidate's committee, and the chairperson, for any other type	s. Pursuant to lowa Code secti e of committee, is the individua	ons 68B.32A(7) al responsible fo	and 68A.401(3), the candidate, for a or filing timely and accurate reports.
SIGNATURE OF PERSON FILING REPORT	(5/5)23. TELEPH	3 <i>-2240</i> one	DATE SIGNED
IAM FILINGA FINA / REPORT 1/19/	/ <u>/                                   </u>	ELECTION /(2	2)NON-ELECTION YEAR.
(report date)		Indicate by #	
CHECK IF AMENDMENT TO REPORT DATED		- Loc	ocal Committees, enter Date of Election
Check if this is final (termination) report and attach Not (You must continue to file reports until a DR-3 is	tice of Dissolution Form DR- filed.)		ounty & Local Committees, enter County in hich Election is held
STATEMENT OF CASH ON H	AND	· · · · · · · · · · · · · · · · · · ·	
CASH ON HAND at the beginning of the reporting period. committee. This amount MUST be the same as of the last reporting period or must be zero if this	the cash on hand at the end	1	\$ _//39 <sup>23</sup>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	)		. 02.
Schedule A: Cash Contributions total (Attach S	chedule A) (*also see in-kind	i below)	350
Schedule F: Loans Received total (Attach Sche			
Schedule H: Total Sales of Campaign Property	(Attach Schedule H)		
(Schedule H applies to Candidates' (		B-TOTAL	\$ 1489 25
SUBTRACT TOTAL MONEY SPENT THIS PE	RIOD		44
Schedule B: Expenditures total (Attach Schedu		oans below)	647
Schedule F: Loan Repayments total (Attach Sc			841 81
CASH ON HAND at the end of this reporting period (if fine	al report balance must be ze	ro)	s <u>000</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D	))		\$
*IN KIND CONTRIBUTIONS (From Schedule E - Attach			\$ 201 <sup>77</sup>
**OUTSTANDING LOANS (From Schedule F - Attach			CAL
CONSULTANT BREAKDOWN (Schedule G Attached?)	•		YES _X_NO
CANDIDATE COMMITTEES ONLY:			
VALUE OF CAMPAIGN PROPERTY (From Schedule H	- Attach Schedule H)		\$
STATE COMMITTEES: Submit a reconciled campaign a		nuary of each	year.

(Includin	g candidate's personal fur	nds)		CHECK THIS BO	X IF
COMMITTEE N		as on Statement of Organization)	<b>L</b>	AMENDING FOR	
Ric	cetorl	ouncil			
STATE CANDIDAT NUMBER AND THE DISCLOSURE BOA	PAC CHECK NUMBER IN	BUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTIO THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAI	N COMMITTEE), LIST THE I LABLE FROM THE IOWA E	PAC IDENTIFICATIO THICS AND CAMPAI	N GN
NOTE: ANY PERS RESPONSIBILITIE	SON, OTHER THAN AN ES AND SHOULD IMME	INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 DEDIATELY CONTACT THE BOARD.	TO YOUR CAMPAIGN M	AY HAVE FILING	
CAUTION: Sect commercial purp	ion 68B.32A(6), prohib ose by any person othe	its the use of information copied from reports and state or than statutory political committees.	ments for soliciting cont	ributions or for an	у
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	NUMBER ID#	Susan Rowenschoft			
10/28/09		Susan Ravenschoft 455 Westwood Drive Ames TA 50014		\$350°°	
	ID#	Ames, IA 50014 UniTemized		02	
10/31/09	CK#	ano Tremine Co.			
	ID#				
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	ID#				
	CK#				
			SUB-TOTAL	\$ 35002	
		TOTAL (if last pa	age of this schedule)	02	l

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN** 

Page / of / (for Schedule A)

SCHEDULE

(Rev. 07/03)

MONETARY RECEIPTS

Reset Form

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ETHICS & CAMPAIGN DISCLOSURE BOARD.

Reset Form

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA

SCHEDULE

B MONETARY
EXPENDITURES

CHECK THIS BOX IF

AMENDING FORM

COMMITTEE NAME	(Must be same a	as on Stateme	ent of Organization)
^		1	<b>j</b>

	Rice to	OR COUNCIL		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/30/09	CK#068	Ames Tribune 3175 <sup>TH</sup> STREET Ames, IA 50010	SignaTuke Ad	\$52600
	ID# CK#067	Diane Corson 811 Kellogg Ave. Ames, IA 50010	PRINTING INK for Campain Mailer	88 <sup>79</sup>
11/19/09	ID#	Ames, IA 50010 Dan Rice 827 BURNETT Ave Ames, IA 50010	Web Name Registration Large Sign Lamination Address Labels Scotc H Tape	32 <u>65</u>
	ID#			
	ID# CK#			
	ID# CK#	,		
	ID# CK#			
	ID# CK#			
	L	l	<u> </u>	<u> </u>

TOTAL (if last page of this schedule)

SUB-TOTAL

\$ 64744 \$ 64744

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page / of \_\_/

FOR INSTRUCTIONS, SEE BACK OF FORM		SCHEDULE	
		E	IN-KIND
COMMITTEE NAME (Must be same as on Statement of Organization)		(Rev. 06/97)	CONTRIBUTIONS
Rice for Council			K THIS BOX IF
	Reset Form	AMEN	DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
	TO GG CORRESPOND		Website Domain Hosting	4380	
12/31/09	924 6 <sup>TH</sup> AMES, IA 50010 Dan Rice 827 BURNETT Aue Ames, IA 50010	Self	Partial forgiveness of Loan	4380	
			SUB-TOTAL  TOTAL (if last page of this schedule)	\$ 201 99 201 99 201	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_

	lle reports money loaned to the committee which is deposited to the committee which is deposited to the report of	(2)	AMENDING FOR
I MONETA	RY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD source of loan, such as a bank, must be shown if a third party i	,	ate's personal funds.)
DATE RECEIVED MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
WIWI <i>DDI</i> TIC)			\$
RT II - MONE (Loans	TARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PER forgiven must be reported on Schedule E – In-kind Contribution	TOTAL (PART I) OD ons.)	\$
RT II - MONE (Loans DATE PAID (MM/DD/YR)	forgiven must be reported on Schedule E – In-kind Contribution  NAME AND ADDRESS OF LENDER	OD	\$AMOUNT REPAID
(Loans  DATE PAID  MM/DD/YR)	forgiven must be reported on Schedule E - In-kind Contributio	OD ns.)  RELATIONSHIP TO	
(Loans  DATE PAID  MM/DD/YR)	forgiven must be reported on Schedule E – In-kind Contribution  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	
(Loans  DATE PAID  MM/DD/YR)	forgiven must be reported on Schedule E – In-kind Contribution  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	
(Loans  DATE PAID  MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  Dan Rice 827 Burnett Ave. Ames, I.A. 50010	RELATIONSHIP TO CANDIDATE* (If Applicable)	84181
(Loans	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  Dan Rice 827 Burnett Ave. Ames, I.A. 50010  TOTAL CA	RELATIONSHIP TO CANDIDATE* (If Applicable)  Self  ASH REPAYMENTS (PART II)  TOTAL LOANS FORGIVEN  IS END OF REPORT PERIOD	

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

RESET

SCHEDULE

(Rev. 02/08)

LOANS

RECEIVED & REPAID

CHECK THIS BOX IF